



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ALBERT E SANDERS, MD
10108 MCKALLA PLACE, STE E
LAREDO, TX 78043

Respondent Name

INDEMNITY INSURANCE CO OF NORTH
AMERICA

Carrier's Austin Representative Box

Box Number 15

MFDR Tracking Number

M4-11-4936-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "per Medical Fee Guidelines."

Amount in Dispute: \$150.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: A copy of dispute was placed in carrier rep box on August 26, 2011 with no response to MFDR.

Response Submitted by: NA

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 29, 2010	99456-W5-WP	\$150.00	\$150.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.204 sets out Medical Fee Guidelines for workers' compensation specific services effective March 1, 2008.
- The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated November 15, 2010

- 16 – Claim/service lacks information which is needed for adjudication.

Explanation of benefits dated November 26, 2010

- W1 – Workers Compensation State Fee Schedule Adjustment.

Explanation of benefits dated July 05, 2011

- 214 – Workers Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment. Services denied. Please contact the SRS Claims Examiner regarding these charges.

Issues

1. Has the Maximum Medical Improvement/Impairment Rating (MMI/IR) examination been reimbursed appropriately per 28 Texas Administrative Code §134.204?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The respondent on the EOB dated July 05, 2011 lists the denial reason “214 – Workers Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment. Services denied. Please contact the SRS Claims Examiner regarding these charges.” This denial reason is not supported by any claim history of a Plain Language Notice (PLN-11) for this injury. The denial also comes after an amount has been paid on the second EOB dated November 26, 2010 for \$1,000.00 for other codes on billing. There is also no response to MFDR regarding denial of disputed services. A MFDR review of this dispute will proceed according to applicable fee guidelines found in 28 Texas Administrative Code §134.204 and per the Texas Labor Code §408.0041 which states in (h)(1):
 - (h) The insurance carrier shall pay for:
 - (1) an examination required under Subsection (a) or (f).

and the Texas Labor Code §408.0041 states in part (a)(1)(2):

(a) At the request of an insurance carrier or an employee, or on the commissioner's own order, the commissioner may order a medical examination to resolve any question about:

- (1) the impairment caused by the compensable injury;
- (2) the attainment of maximum medical improvement;

2. The requestor rendered the DD exam as ordered by the Division. The provider billed the amount of \$600.00 for CPT code 99456-W5-WP for a MMI/IR examination. Review of the documentation supports that MMI was assigned and one body area was rated. Per 28 Texas Administrative Code §134.204(j)(3)(C), the Maximum Allowable Reimbursement (MAR) for MMI is \$350.00. To determine reimbursement for an IR, the method of calculating IR and the number of body areas/conditions is reviewed. Documentation supports the non-musculoskeletal rating of muscle strength in the knee (lower extremities) has a MAR of \$150.00 per the DRE method using AMA Guides to the Evaluation of Permanent Impairment, fourth edition using Table 39 on 3-77 in 28 Texas Administrative Code §134.204(j)(4)(D)(iv)(I-III) and (v). Therefore, the combined MAR for the MMI/IR exam is \$500.00. The respondent has paid zero dollars on this particular CPT code with a billed amount of \$600.00 but with a MAR of \$500.00. The requestor is only disputing \$150.00 for this CPT code 99456-W5-WP which is the amount that is recommended for reimbursement.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$150.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$150.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

December 28, 2011
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.